

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Int'l. Association of Bridge, Structural, Ornamental &amp; Reinforcing Iron Workers (IPAL)

ADDRESS (number and street) ▼

1750 New York Ave. NW

Suite 400

☐ Check if different than previously reported. (ACC)

Washington

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00027359

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ronald Piksa

Signature of Treasurer

Ronald Piksa

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Int'l. Association of Bridge, Structural, Ornamental &amp; Reinforcing Iron Workers (IPAL)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">151015.57</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">151015.57</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">106322.73</span>	<span style="border: 1px solid black; padding: 2px;">106322.73</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">257338.30</span>	<span style="border: 1px solid black; padding: 2px;">257338.30</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">16012.75</span>	<span style="border: 1px solid black; padding: 2px;">16012.75</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">241325.55</span>	<span style="border: 1px solid black; padding: 2px;">241325.55</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Int'l. Association of Bridge, Structural, Ornamental &amp; Reinforcing Iron Workers (IPAL)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	1	5		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	106322.73	106322.73
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	106322.73	106322.73
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	106322.73	106322.73
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	106322.73	106322.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	106322.73	106322.73

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	12.75	12.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12.75	12.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	14000.00	14000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16012.75	16012.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16012.75	16012.75

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	106322.73	106322.73
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	106322.73	106322.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	12.75	12.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	12.75	12.75

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

Regarding Line 11(a)(ii) of the Detailed Summary Page, all unitemized receipts from individuals/persons other than political committees, none of these receipts was from a single source that aggregate greater than \$200 in the calendar year. When receipts do aggregate greater than \$200 from a single source in a calendar year we itemize these receipts on Schedule A, supporting Line 11(a)(i).

Form/Schedule:  
Transaction ID:



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Int'l. Association of Bridge, Structural, Ornamental &amp; Reinforcing Iron Workers (IPAL)

Full Name (Last, First, Middle Initial)

**A. Letitia James 2017**Mailing Address Bedford Grove LLC  
349 5th Avenue

City New York State NY Zip Code 10016

Purpose of Disbursement  
Letitia James, NY City Public Advocate NY

Candidate Name

Letitia James

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2015

Transaction ID : 37846389

Amount of Each Disbursement this Period

2500.00
---------

Letitia James, NY City Public Advocate NY

Full Name (Last, First, Middle Initial)

**B. Friends of Ed Mangano**

Mailing Address PO Box 337

City Bethpage State NY Zip Code 11714

Purpose of Disbursement  
ED MANGANO, COUNTY EXECUTIVE NY

Candidate Name

ED MANGANO

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2015

Transaction ID : 37847396

Amount of Each Disbursement this Period

5000.00
---------

ED MANGANO, COUNTY EXECUTIVE NY

Full Name (Last, First, Middle Initial)

**C. Friends of Ed Mangano**

Mailing Address PO Box 337

City Bethpage State NY Zip Code 11714

Purpose of Disbursement  
ED MANGANO, COUNTY EXECUTIVE NY

Candidate Name

ED MANGANO

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2015

Transaction ID : 37847400

Amount of Each Disbursement this Period

1500.00
---------

ED MANGANO, COUNTY EXECUTIVE NY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Int'l. Association of Bridge, Structural, Ornamental &amp; Reinforcing Iron Workers (IPAL)

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ALEX GROMACK**

Mailing Address 23 REGINALD DRIVE

City	State	Zip Code
CONGERS	NY	10920

Purpose of Disbursement  
ALEX GROMACK, TOWN SUPERVISOR NY

Candidate Name

**ALEX GROMACK**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2015

**Transaction ID : 37847402**

Amount of Each Disbursement this Period

250.00
--------

ALEX GROMACK, TOWN SUPERVISOR NY

Full Name (Last, First, Middle Initial)

**B. Citizens for Day**Mailing Address 169 S. Main Street  
#381

City	State	Zip Code
New City	NY	10956

Purpose of Disbursement  
Ed Day, COUNTY EXECUTIVE NY

Candidate Name

**Ed Day**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2015

**Transaction ID : 37847403**

Amount of Each Disbursement this Period

250.00
--------

Ed Day, COUNTY EXECUTIVE NY

Full Name (Last, First, Middle Initial)

**C. Lisa King City Council District 2**

Mailing Address 9158 Heckscher Drive

City	State	Zip Code
Jacksonville	FL	32226

Purpose of Disbursement  
Lisa King, CITY COUNCIL 2nd FL

Candidate Name

**Lisa King**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2015

**Transaction ID : 37847405**

Amount of Each Disbursement this Period

500.00
--------

Lisa King, CITY COUNCIL 2nd FL

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Int'l. Association of Bridge, Structural, Ornamental &amp; Reinforcing Iron Workers (IPAL)

Full Name (Last, First, Middle Initial)

**A. Joyce Morgan City Council District 1**

Mailing Address 4928 Top Royal Lane

City	State	Zip Code
Jacksonville	FL	32277

Purpose of Disbursement  
Joyce Morgan, CITY COUNCIL 1st FL

Candidate Name

Joyce Morgan

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2015

Transaction ID : 37847406

Amount of Each Disbursement this Period

500.00
--------

Joyce Morgan, CITY COUNCIL 1st FL

Full Name (Last, First, Middle Initial)

**B. Pat Lockett-Felder City Council District 8**

Mailing Address 11990 Crimson Rose Court

City	State	Zip Code
Jacksonville	FL	32218

Purpose of Disbursement  
Pat Lockett-Felder, CITY COUNCIL 8th FL

Candidate Name

Pat Lockett-Felder

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2015

Transaction ID : 37851344

Amount of Each Disbursement this Period

500.00
--------

Pat Lockett-Felder, CITY COUNCIL 8th FL

Full Name (Last, First, Middle Initial)

**C. JU'COBY PITTMAN COUNCIL-AT-LARGE - GROUP 5**

Mailing Address P.O. BOX 2028

City	State	Zip Code
JACKSONVILLE	FL	32203

Purpose of Disbursement  
JU'COBY PITTMAN, COUNCIL-AT-LARGE 5th FL

Candidate Name

JU'COBY PITTMAN

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		23		2015

Transaction ID : 37851345

Amount of Each Disbursement this Period

500.00
--------

JU'COBY PITTMAN, COUNCIL-AT-LARGE 5th FL

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Int'l. Association of Bridge, Structural, Ornamental &amp; Reinforcing Iron Workers (IPAL)

Full Name (Last, First, Middle Initial)

**A. Tracie Davis Supervisor of Elections**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2015

Mailing Address 221 N. Hogan Street  
Suite 526

City Jacksonville State FL Zip Code 32202

Purpose of Disbursement  
Tracie Davis, SUP OF ELECTIONS FL

011

Category/  
Type

Transaction ID : 37851346

Amount of Each Disbursement this Period

500.00
--------

Candidate Name

Tracie Davis

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Tracie Davis, SUP OF ELECTIONS FL

Full Name (Last, First, Middle Initial)

**B. Anna Brosche City Council at Large Group 1**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2015

Mailing Address 5150 Belfort Road South  
Building 600

City Jacksonville State FL Zip Code 32256

Purpose of Disbursement  
Anna Brosche, CITY COUNCIL 1st FL

011

Category/  
Type

Transaction ID : 37851347

Amount of Each Disbursement this Period

500.00
--------

Candidate Name

Anna Brosche

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Anna Brosche, CITY COUNCIL 1st FL

Full Name (Last, First, Middle Initial)

**C. Tommy Hazouri City Council at Large Group 3**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2015

Mailing Address 12175 Dividing Oaks Trail West

City Jacksonville State FL Zip Code 32223

Purpose of Disbursement  
Tommy Hazouri, CITY COUNCIL 3rd FL

011

Category/  
Type

Transaction ID : 37851348

Amount of Each Disbursement this Period

500.00
--------

Candidate Name

Tommy Hazouri

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Tommy Hazouri, CITY COUNCIL 3rd FL

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Int'l. Association of Bridge, Structural, Ornamental &amp; Reinforcing Iron Workers (IPAL)

Full Name (Last, First, Middle Initial)

**A. John Crescimbeni City Council at Large Group 2**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2015

Mailing Address P.O. Box 8962

City	State	Zip Code
Jacksonville	FL	32239

**Transaction ID : 37851349**Purpose of Disbursement  
John Crescimbeni, CITY COUNCIL FL

Amount of Each Disbursement this Period

500.00
--------

Candidate Name

**John Crescimbeni**

011

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

John Crescimbeni, CITY COUNCIL FL

State: District:

Full Name (Last, First, Middle Initial)

**B. DOYLE CARTER FOR CITY COUNCIL**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2015

Mailing Address 1364 FOURAKER ROAD

City	State	Zip Code
JACKSONVILLE	FL	32221

**Transaction ID : 37851350**Purpose of Disbursement  
DOYLE CARTER, CITY COUNCIL 12th FL

Amount of Each Disbursement this Period

500.00
--------

Candidate Name

**DOYLE CARTER**

011

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

DOYLE CARTER, CITY COUNCIL 12th FL

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

--

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00
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14000.00
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